

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0059
Date:	4-22-2022
Amount Paid:	\$360 3-15-22 Res Acc Build JLC
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: MATT GRUNTNER	Mailing Address: 29745 McKinley Rd. Washburn WI 54891	City/State/Zip: Washburn WI 54891	Telephone: Cell Phone: 612-987-9609
Address of Property: 29745 McKinley Rd	City/State/Zip: Washburn WI 54891		
Email: (print clearly) matt.gruntner@gmail.com			
Contractor: Northland Builders	Contractor Phone: 218-391-1383	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Required (for Agent)
PROJECT LOCATION 1/4, 1/4	Legal Description: (Use Tax Statement)	Tax ID# 34276	Recorded Document: (Showing Ownership) 2021R-589553
Gov't Lot	Lot(s) 2	CSM 158	Vol & Page 9-244 2007R
Section 07	Township 48	N, Range 05	W
Town of: Washburn		Lot Size 830 X 530	Acreage 10.100

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline : 400 250 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline : feet		

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$140,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 2-2000 gal Tanks	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input checked="" type="checkbox"/> 5	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Pole Barn		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 48	Width: 40	Height: 23'-8"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) BOAT & GENERAL STORAGE 40x48		1920 sqft
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)		
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Matt Gruntner Linda B Gruntner  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 3/9/22

Authorized Agent: (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit 29745 McKinley Rd. Washburn WI 54891

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over





In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

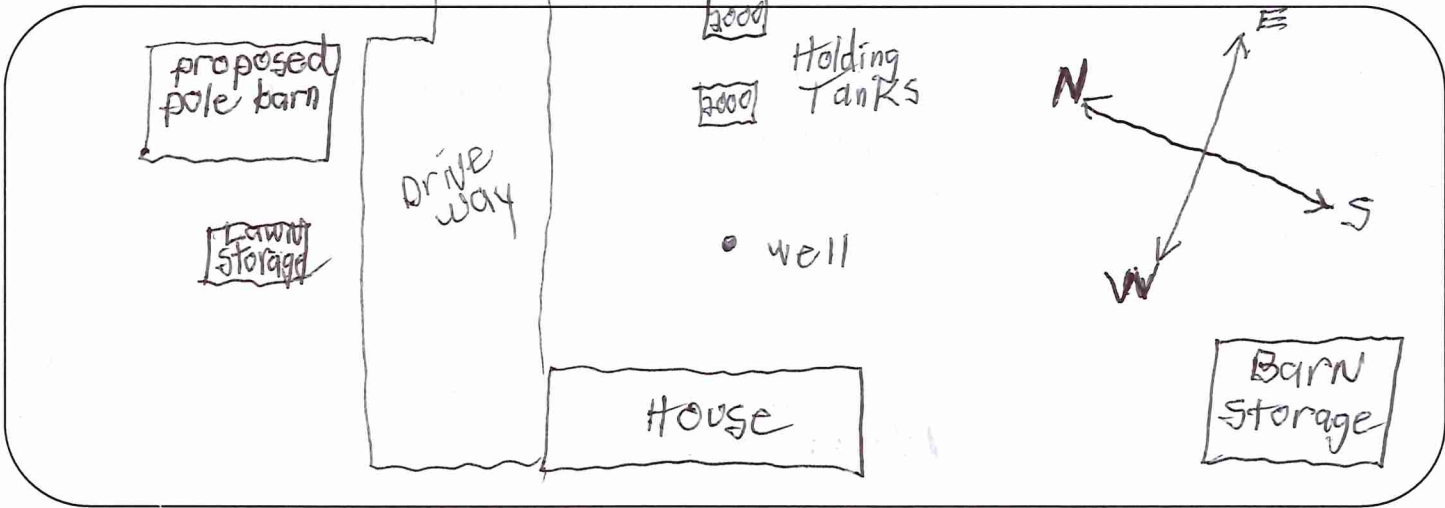
All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	450	Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	400	Feet	Setback from the River, Stream, Creek	250 ms 400 Feet
			Setback from the Bank or Bluff	300 Feet
Setback from the North Lot Line	450 ms 8'7"	Feet		
Setback from the South Lot Line	400	Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	100 ms 300	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	400	Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	120	Feet	Setback to Well	120 Feet
Setback to Drain Field	—	Feet		
Setback to Privy (Portable, Composting)	—	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

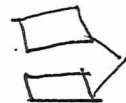
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 21-1685	# of bedrooms: 5	Sanitary Date: 10/5/2021
Permit Denied (Date): —	Reason for Denial: —		
Permit #: 22-0059	Permit Date: 4-22-2022		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: See attachment.		Zoning District ( F1 ) Lakes Classification ( — )	
Date of Inspection: 3/29/2022	Inspected by: MS	Date of Re-Inspection: —	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) To meet all setbacks including eaves and overhangs. No plumbing and/or living/sleeping quarters permitted for personal storage only. Town/stak/DNR permits may be required.			
Signature of Inspector: McKenzie Slack			Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

# Field Investigation

Date: <u>3/29/2022</u>	Arrive:	Depart:
Landowner: <u>Matthew &amp; Linda Gruntnex</u>	Photos taken:	Yes <u>(No)</u>
Project Location: <u>29745 McKinley Rd.</u>	Persons Present:	<u>MS</u>
Waterway:	Purpose of Visit	
PIN# <u>34276</u> *Attach Real Estate Inquiry*	<input checked="" type="checkbox"/> ZP Onsite <input type="checkbox"/> SAP <input type="checkbox"/> Sanitary <input type="checkbox"/> Wetland Delineation <input type="checkbox"/> Floodplain <input type="checkbox"/> OHWM <input type="checkbox"/> Boathouse <input type="checkbox"/> Complaint <input type="checkbox"/> Averaging <input type="checkbox"/> Walkout <input type="checkbox"/> Other:	
Paid \$ <u>    </u>	Receipt # <u>    </u>	

 holding tanks

Proposed  
Building

unnamed creek  
on adjacent lot  
250'

shed

\*owner getting ATF  
permit for building\*

-owner said  
no plumbing - for  
personal storage

house

220' ATF  
building





Bayfield County, WI





Real Estate Bayfield County Property Listing

Today's Date: 3/16/2022

Property Status: **Current**

Created On: 3/1/2007 1:30:25 PM



Description

Updated: 7/6/2021

**Tax ID:** 34276  
**PIN:** 04-050-2-48-05-02-4 02-000-11000  
Legacy PIN:  
Map ID:  
Municipality: (050) TOWN OF WASHBURN  
STR: S02 T48N R05W  
Description: LOT2 CSM #1581 (LOCATED IN NW SE)  
IN DOC 2021R-589553  
  
Recorded Acres: 10.100  
Calculated Acres: 10.098  
Lottery Claims: 0  
First Dollar: Yes  
Zoning: (F-1) Forestry-1  
ESN: 130



Tax Districts

Updated: 3/1/2007

1 STATE  
04 COUNTY  
050 TOWN OF WASHBURN  
046027 SCHL-WASHBURN  
001700 TECHNICAL COLLEGE



Recorded Documents

Updated: 4/9/2007

**WARRANTY DEED**  
Date Recorded: 6/30/2021 2021R-589553  
**CERTIFIED SURVEY MAP**  
Date Recorded: 11/28/2007 2007R-517776 9-244  
**WARRANTY DEED**  
Date Recorded: 8/16/2006 2006R-508547 951-12



Ownership

Updated: 7/6/2021

**MATHEW J JR & LINDA B GRUNTNER** WASHBURN WI

**Billing Address:**

**MATHEW J JR & LINDA B GRUNTNER**  
29745 MCKINLEY RD  
WASHBURN WI 54891

**Mailing Address:**

**MATHEW J JR & LINDA B GRUNTNER**  
29745 MCKINLEY RD  
WASHBURN WI 54891



**Site Address** \* indicates Private Road

29745 MCKINLEY RD WASHBURN 54891



Property Assessment

Updated: 2/24/2022

**2022 Assessment Detail**

Code	Acres	Land	Imp.
G1-RESIDENTIAL	5.000	17,500	223,600
G6-PRODUCTIVE FOREST	5.100	8,500	0

**2-Year Comparison**

	2021	2022	Change
<b>Land:</b>	26,000	26,000	0.0%
<b>Improved:</b>	201,900	223,600	10.7%
<b>Total:</b>	227,900	249,600	9.5%



Property History

**Parent Properties** Tax ID  
[04-050-2-48-05-02-4 02-000-10000](#) [30584](#)

**HISTORY** [Expand All History](#)

White=Current Parcels Pink=Retired Parcels

**Tax ID:** 30584 **Pin:** 04-050-2-48-05-02-4 02-000-10000 **Leg. Pin:** 050100305000  
34276 This Parcel Parents Children

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

**BAYFIELD COUNTY**  
**PERMIT**

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No.	22-0059	Issued To:	Matt & Linda Gruntner										
Location:	1/4	of	1/4	Section	2	Township	48	N.	Range	5	W.	Town of	Washburn
Gov't Lot		Lot	2	Block		Subdivision						CSM#	1581

**Residential**  
For: **Accessory: [ 1- Story ]; Boat & General Storage Structure (48' x 40') = 1,920 sq. ft. ] Height of 23.8'**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Meet all setbacks including eaves and overhangs. No plumbing, and/or living & sleeping quarters permitted. For personal storage ONLY. Town/State/DNR permits may be required.  
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Mckenzie Slack, AZA**  
Authorized Issuing Official  
**April 22, 2022**  
Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED

APR 04 2022

Bayfield Co.  
Planning and Zoning Agency

Permit #:	22-0064
Date:	4-22-2022
Amount Paid:	102.00
Other:	ATF 102 - 4-5-22 date
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER					
Owner's Name:		MATT GRUNTNER				Mailing Address:				29745 McKinley Rd. Washburn WI 54891				City/State/Zip:		Telephone:			
Address of Property:		29745 McKinley Rd.				City/State/Zip:				Washburn WI 54891				Cell Phone:		612 987-9609			
Email: (print clearly)		matt.gruntner@gmail.com				Contractor:				Contractor Phone:				Plumber:				Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))						Agent Phone:								Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)	
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID#				34276				Recorded Document: (Showing Ownership)				2021R-589553	
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #		Subdivision:			
Section 02		Township 48		N, Range 05		W		Town of:		Washburn		Lot Size		830 X 530		Acreage 10.100			

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline : 800 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$34301	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
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	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Barn	2 story	<input checked="" type="checkbox"/>		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 20.5	Width: 24.5	Height: 20
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) Existing Barn	(20.5x24.5)	502 sq ft
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 4/4/22

Authorized Agent: [Signature] (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit: 29745 McKinley Rd. Washburn WI 54891

Attach  
Copy of Tax Statement

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Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

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(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

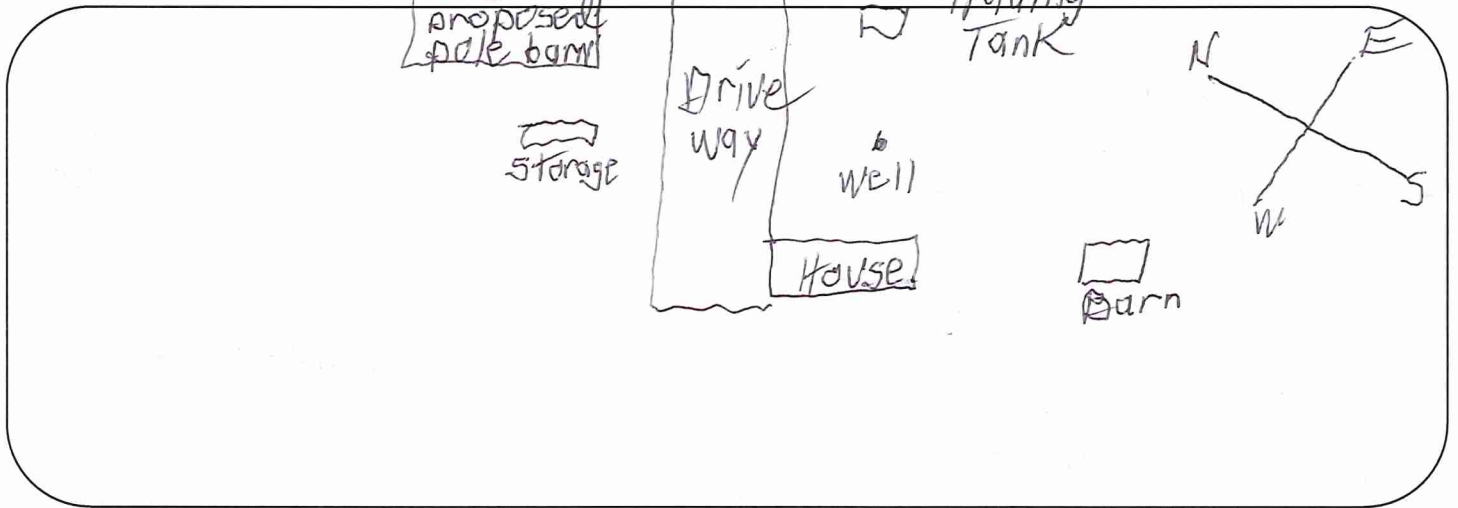
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(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	500 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	450 Feet	Setback from the River, Stream, Creek	200 Feet
		Setback from the Bank or Bluff	100 Feet
Setback from the North Lot Line	350 Feet		
Setback from the South Lot Line	75 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	140 Feet	Setback to Well	170 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 21-1682	# of bedrooms: 5	Sanitary Date: 10/5/2021	
Permit Denied (Date): —		Reason for Denial: —			
Permit #: 22-0064		Permit Date: 4-22-2022			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: While onsite After the fact permit. Structure was discovered for another application.		Zoning District ( F )			
Date of Inspection: 3/29/2022		Inspected by: MS		Lakes Classification ( — )	
				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)					
To meet all setbacks including eaves and overhangs. No plumbing and/or living/sleeping quarters permitted for personal storage only. Town/State/PMR permits may be required.					
Signature of Inspector: McKenzie Slack				Date of Approval:	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>	<input type="checkbox"/>	



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X (After-the-Fact)**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0064** Issued To: **Matt & Linda Gruntner**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **2** Township **48** N. Range **5** W. Town of **Washburn**

Gov't Lot Lot **2** Block Subdivision CSM# **1581**

**(ATF) Residential**

For: **Accessory:** [ 1- Story ]; Existing Barn (20.5' x 24.5') = 502 sq. ft. ] Height of 20'

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Meet all setbacks including eaves and overhangs. No plumbing, and/or living & sleeping quarters permitted. For personal storage ONLY. Town/State/DNR permits may be required.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Mckenzie Slack, AZA**

Authorized Issuing Official

**April 22, 2022**

Date